

SANDY CITY - 2012 5K & 10K RACES

INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/ activity described below.

Program / Activity Description

Runners will travel on roads, jogging paths, and sidewalks within Sandy City. Participation in this run carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include (1) Minor injuries such as a sunburn, windburn, blisters, sprains & muscle ache. (2) major injuries such as, broken bones, dehydration and its associated health risks. (3) Catastrophic injuries as well as paralysis and death.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City internet web site, publications, displays and presentations.

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child: _____ **Age:** _____

Health Insurance Carrier: _____
(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Runner's Participation: _____

I have carefully read and understand the contents of this document and I specifically intend it to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above sections.

Name of Parent or Legal Guardian: _____
(Please print)

Signature _____ **Date:** _____

Person to Contact in case of emergency: _____

Phone No. _____ **Relationship to runner:** _____
(Please Print)